

# Alaska Health Care Commission

## 2012 Voting Record

### December 10, 2012 Meeting

**All 11 Voting Members were Present:** Ward Hurlburt, Patrick Branco, Keith Campbell, Valerie Davidson, Jeff Davis, Emily Ennis, Thomas Harrell, Allen Hippler, David Morgan, Lawrence Stinson, Robert Urata

Motion	Vote
<p>To approve changes to the first two Pharmaceutical Cost Findings and add two additional Findings (Public Comment Draft Report, page 9), as follows:</p> <ul style="list-style-type: none"> <li>▶ Prices for pharmaceuticals do not appear to be a <u>significant driver of higher health care costs in Alaska relative to the comparison states of Idaho, Washington, Oregon, Wyoming, and North Dakota.</u></li> <li>▶ Worker's Compensation payment rates for pharmaceuticals are higher in Alaska <u>than the average of the Worker Compensation rates of the five comparison states</u> by approximately 17%.</li> <li>▶ <u>There is significant variation in reimbursement levels between payers within Alaska. For example, Medicaid pays 15% more on average than the all-payer average within Alaska, while TRICARE pays 7% less on average.</u></li> <li>▶ <u>Price, while similar in Alaska on average relative to comparison states, and utilization of pharmaceuticals are critically important factors to consider in containing cost growth and improving quality of care and health outcomes.</u></li> </ul>	<p>Moved by Dr. Hurlburt; seconded by Mr. Branco</p> <p>Passed Unanimously.</p>
<p>To approve clarifying edits to the 5<sup>th</sup> Medical Malpractice Reform Finding (page 12 of Public Comment Draft Report), as follows:</p> <ul style="list-style-type: none"> <li>▶ Cost savings associated with defensive medicine practices are more difficult to identify <u>as because there are other contributors to these practices beyond the threat of litigation. ,for example, Other factors that may influence defensive medicine practices include</u> physician training and culture, fee-for-service reimbursement structures, and financing mechanisms that insulate patients from the cost of health care services.</li> </ul>	<p>Moved by Mr. Branco; seconded by Col. Harrell</p> <p>Passed Unanimously.</p>

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<p>To approve deletion of Skilled Nursing Facility cost study from agenda of current health care system challenges to be studied during 2013 (page 12 of Public Comment Draft Report).</p>	<p>Moved by Dr. Hurlburt; seconded by Mr. Branco</p> <p>Passed Unanimously.</p>
<p>To approve the following additions to the agenda of current health care system challenges to be studied during 2013:</p> <ul style="list-style-type: none"> <li>• <u>Health Insurance Costs &amp; Cost Drivers</u></li> <li>• <u>Health Care Accounting &amp; Pricing – How it works</u></li> <li>• <u>Hospital Readmission Rates</u></li> <li>• <u>Oral Health &amp; Dental Services</u></li> </ul>	<p>Moved by Mr. Campbell; seconded by Dr. Urata</p> <p>Passed Unanimously.</p>
<p>To approve changes to Telehealth Recommendation #2 (page 17 of Public Comment Draft Report), as follows:</p> <p>2. The Alaska Health Care Commission recommends the Department of Health &amp; Social Services <del>direct the Statewide Health Information Exchange entity to perform</del> <u>develop</u> a business use analysis for <del>offering a private sector</del> statewide brokered telehealth service including:</p> <ul style="list-style-type: none"> <li>• Compilation and maintenance of a directory of telehealth providers</li> <li>• Compilation and maintenance of a directory of telehealth equipment addresses</li> <li>• Coordination of telehealth session scheduling for providers and equipment</li> <li>• Facilitation of network connections for telehealth sessions</li> <li>• Provision of 24/7 technical support</li> </ul>	<p>Moved by Ms. Davidson; seconded by Dr. Urata</p> <p>With friendly amendment offered by Mr. Hippler</p> <p>Passed Unanimously.</p>
<p>To approve changes to End-of-Life Care Findings (page 18-19 of Public Comment Draft Report), as follows:</p> <p><i>3<sup>rd</sup> sub-bullet under 3<sup>rd</sup> Finding:</i></p> <ul style="list-style-type: none"> <li>• Hospice care is palliative care for <del>terminally ill patients</del> <u>individuals approaching the end of their life and support for family and caregivers through the dying and grieving process</u>. Hospice is <del>not</del> <u>neither</u> about slowing <u>nor</u> hastening death, but about providing</li> </ul>	<p>Moved by Dr. Urata; seconded by Mr. Branco</p> <p>Passed Unanimously.</p>

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<p>compassionate care to ease <u>dying, death and bereavement</u>. Most hospice care is provided in the <u>home setting</u>.</p> <ul style="list-style-type: none"> <li>○ Hospice began as a movement in the 1970s to advance the philosophy that people have a right to die pain free and with dignity.</li> <li>○ <u>Nationally, there are now examples of hospice organizations and hospice insurance benefits that support provision of and payment for palliative care for terminally ill patients.</u></li> <li>○ <del>Some hospice organizations are certified by Medicare and must meet certain federal standards, and some hospice organizations are voluntary and have more flexibility in providing charity services but are limited in their ability to seek reimbursement from third-party payers.</del> <u>Alaska regulations provide for licensing full-service hospices (which are essentially Medicare certified hospices) and volunteer hospices. Volunteer hospices are limited to services they can provide and are prohibited from seeking reimbursement for care.</u></li> <li>○ Medicare, Medicaid and private insurance payment policies for Hospice services vary, but generally require clinician documentation <del>regarding when the patient is likely to die</del> <u>of life expectancy of six months or less</u>, and does not allow curative treatment to be provided concurrent with hospice care.</li> </ul> <p><i>4<sup>th</sup> Finding:</i></p> <ul style="list-style-type: none"> <li>▶ Research demonstrates that palliative care begun at the time of diagnosis of a terminal or serious illness or injury:             <ul style="list-style-type: none"> <li>• Improves the patient's experience through decreased pain, discomfort, and psychological distress;</li> <li>• Lengthens the patient's life span;</li> <li>• Increases patient and family quality of life;</li> <li>• Decreases inappropriate use of medical resources and results in cost savings to the health care system;</li> <li>• <u>Decreases adverse health outcomes for survivors.</u></li> </ul> </li> </ul> <p><i>6<sup>th</sup> Finding:</i></p> <ul style="list-style-type: none"> <li>▶ Palliative care is not <u>always</u> reimbursable as a particular service by public and private third-party payers, but certain distinct services provided as a part of palliative care may be reimbursed, such as physician services, hospice services,</li> </ul>	
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<p>and home health services. Current reimbursement methodologies do not recognize participation on the palliative care team by other essential providers such as social workers, chaplains, and care coordinators.</p> <p><i>8<sup>th</sup> Finding:</i></p> <p>► Alaska established the Comfort One Program in state law in 1996 to help health care providers, <u>the Medical Examiner and First Responders</u> identify terminally ill people who have expressed a wish to not receive <del>life-saving</del> <u>prolonging</u> measures, such as cardiopulmonary resuscitation (CPR), when they go into respiratory or cardiac arrest. Alaska's Comfort One program was based on Montana's Comfort One program, which has evolved in recent years to a POLST program. While Comfort One is primarily intended for communicating patient DNR (Do Not Resuscitate) orders to emergency medical service personnel, POLST applies to all medical providers and conveys patient wishes regarding a broader scope of medical procedures.</p>	
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## Alaska Health Care Commission 2012 Voting Record

### Electronic Vote taken October 30 – November 2, 2012

**11 Voting Members:** Ward Hurlburt, Patrick Branco, Keith Campbell, Valerie Davidson, Jeff Davis, Emily Ennis, Thomas Harrell, Allen Hippler, David Morgan, Lawrence Stinson, Robert Urata.

Motion	Vote
<p>To release as draft for public comment the 10-30-12 draft of the Commission's 2012 Finding and Recommendation Statements and the Commission's preliminary agenda for 2013.</p>	<p><b>Voting in favor:</b> Ward Hurlburt, Keith Campbell, Jeff Davis, Thomas Harrell, David Morgan, Lawrence Stinson, Robert Urata</p> <p><b>Voting in favor, with exceptions noted for the record:</b></p> <ul style="list-style-type: none"> <li>• Patrick Branco – two exceptions, with: <ul style="list-style-type: none"> <li>○ 2013 plans to “continue” engagement with business community based on Torinus model;</li> <li>○ 2013 plans to conduct actuarial analysis comparing SNF costs in Alaska to other states.</li> </ul> </li> <li>• Emily Ennis – exception with plans to conduct actuarial analysis comparing SNF costs in Alaska to other states.</li> <li>• Allen Hippler – exception with End-of-Life recommendation #1, based on concern that it suggests a role for government as a marketer of underutilized services.</li> </ul> <p><b>Voting against:</b></p> <p><b>Abstaining:</b></p>

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**Note: No Votes Were Taken at the March 8-9, 2012, August 16-17, 2012, or October 11-12, 2012 Meetings**

### June 14-15, 2012 Commission Meeting

**10 of 11 Voting Members Present:** Ward Hurlburt, Patrick Branco, Keith Campbell, Jeff Davis, Emily Ennis, Thomas Harrell, Allen Hippler, David Morgan, Lawrence Stinson, Robert Urata.

**Absent:** Valerie Davidson

Motion	Vote
<p><b>June 14, 2012</b></p> <p>To change the Commission's Vision Statement to the following:</p> <p><i>"By 2025 Alaskans will be the healthiest people in the nation and have access to the highest quality, most affordable health care.</i></p> <p><i>We will know we attained this vision when, compared to the other 49 states, Alaskans have:</i></p> <ol style="list-style-type: none"><li><i>1. The highest life expectancy</i></li><li><i>2. The highest percentage population with access to primary care</i></li><li><i>3. The lowest per capita health care spending level"</i></li></ol>	<p>Moved by Dr. Urata seconded by Mr. Branco.</p> <p>Passed Unanimously.</p>